Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Country S. Certificate of Status Desired \$5.00 Additional Country S. Certificate of Status Desired \$5.00 Additional Country State Street Address of New Registered Agent T. Name and Address of New Registered Agent Name LARROTTA, JOSE A 6509 S.W. 24TH STREET Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the perphse of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Supering Moder of printed name and determined of the registered Agent signature required when resistancy Date FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES SITERT ADDRESS CITY-ST-ZIP TITLE MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES SITERT ADDRESS CITY-ST-ZIP TITLE MANAGING MEMBERS/MANAGERS 10. STREET ADDRESS CITY-ST-ZIP TITLE MANAGING MEMBERS/MANAGING MEMBERS/MANAGERS 10. STREET ADDRESS CITY-ST-ZIP TITLE MANAGING MEMBERS/MANAGING ME	200	2 UNIFORM	BUSINESS RE	PORT (UB	R)				
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SIGNATURE REQUIRED

SIGNATURE: STUTE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE